



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000000194 1. Entity Name UCP, INC.		
Principal Place of Business 4019 NW 76 AVENUE CORAL SPRINGS, FL 33065		Mailing Address 4019 NW 76 AVENUE CORAL SPRINGS, FL 33065
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEWIN, AUSTIN A JR. 395 NW 173RD. STREET 137 MIAMI, FL 33169		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOKER, STEVE R SR. 4019 NW 76 AVENUE CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIN, AUSTIN A JR. 395 NW 173RD. STREET APT. # 137 MIAMI, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. LEWIN, GREGORY A 4019 NW 76 AVENUE CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SLOAN, GUY JR. 4019 NW 76 AVENUE CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address; with all other like empowered.		
SIGNATURE:  Steve R. Hooker Sr. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> President		1/4/07 305- 505-3366 <small>Date Daytime Phone #</small>



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3776679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/16/07-80014-017 61.25